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Name . Speragi 3/31/2008

Date

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit:

Examiner:

2622

Selby, Gevell V.

Commissioner for Patents

Mail Stop RCE

P.O. Box 1450 Alexandria, VA 22313-1450 March 31, 2008 Date of Deposit

\$ignature

Juanita Soberanis Name .

| In re application of: |   |
|-----------------------|---|
| Atsushi SHIBUTANI     | • |
| Serial No: 10/807,610 |   |
| Confirmation No: 4238 |   |
| Filed: March 24, 2004 |   |

Imaging Device with Function to Image Still Picture

during Moving Picture Imaging

Mail Stop RCE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Dear Sir:

Transmitted herewith in the above-identified application are the following:

Amendment.

Request for Continued Examination (RCE).

|  | (Col. 2) (Col. 2) CLAIMS REMAINING HIGHEST NUMBER AFTER AMENDMENT PREVIOUSLY PAID FOR |          |                  | (Col. 3)<br>PRESENT<br>EXTRA* | LG/SM<br>\$ ENTITY FEE      |                      | ADD'L<br>FEE DUE |    |   |
|--|---|----------|------------------|-------------------------------|-----------------------------|----------------------|------------------|----|---|
| TOTAL CLAIMS FEE   | 12  | 1-1      | 22               |                               | 0                           | LG=\$50<br>SM=\$25   | \$50             | \$ | 0 |
| INDEPENDENT<br>CLAIMS FEE  | 1   | <b>-</b> | 6                | ***                           | 0                           | LG=\$210<br>SM=\$105 | \$210            | \$ | 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS  LARGE ENTITY FEE = \$370 SMALL ENTITY FEE = \$185 |   |          |                  |                               |                             |                      | \$               | 0  |   |
| ADDITIONAL SIZE FEE  | (IF ANY) (TOTAL PAGES OF  | SPEC     | AND DRAWINGS TOG | ETHER)                        | \$260 FOR EACH AD<br>SHEETS | DITIONAL 5           | 0                | \$ | 0 |
| Independent Claims: 1  |   |          |                  |                               | TOTAL                       |                      |                  | s  | a |

- If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.
- Please charge the amount of \$\_\_\_ to cover the additional claims fee to Deposit Account No. 50-1314.
- Please charge the amount of \$ to cover the extension fee to Deposit Account No. 50-1314.
- Please charge the amount of \$810 to cover the RCE fee to Deposit Account No. 50-1314.
- The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314.
  - Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
  - Any patent application processing fees under 3% C.F.R. § 1.17

Respectfully submitted, HOGAN & HARTSON L.L.P.

Ву:\_ Troy M. Schmelzer Registration No. 36,667

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Date: March 31, 2008